

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. III.

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MEDICAL JOURNAL ADVERTISEMENTS.

Of course the line has to be drawn somewhere. Every body knows the patent-medicine creatures can't get before the decent eyes which scan the advertising-sheet of the regular medical journal; but a number of things which are either kept out or not invited to come in ought to appear in its columns.

Last year the News undertook in a number of its issues to tell the brethren where blooded horses noted for speed and safety could be obtained. What information could be more important to those who spend so much of their lives behind or astraddle of such commodities? But it was considered an innovation; and we were informed that on viewing the illustration (a rampant Bucephalus) accompanying the text, a high-caste Brahmin of the cod-oil persuasion fainted upon the spot, after declaring his "in-set" should never appear in such horrid company. Nor did ancient practitioners driving contemporary crow-baits when meeting us, checking (or rather ceasing to urge) their conservative motors, fail to shake their heads and tell us "it would n't do." It ought to do, along with a great deal more. Calomel and cold steel do not make up the staple of the doctor's existence; and whatever makes his life more comfortable, pleasant, or honestly profitable, not only in his professional but personal relations, it is proper to put before him in the advertising columns of his special organ. Twice as many will read such literature when the information it contains is made more varied. The thing is to persuade the non-medical advertiser to come into the pages to which we have referred.

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It is not exactly clear to him that it would be profitable to pay the prices charged to reach the limited number of readers which takes a class-journal. No efforts should be spared to enlighten him upon this subject. Tracts, testimonials, and (if need be) even life-expectation tables should be drawn on such a one till the idea fairly consumes him that *he who advertises in a journal taken by one thousand doctors advertises in one thousand journals!* It is so. Possibly the city subscriber may not rank as such, as in his locality information is quickly diffused from many quarters, and he is not always the absolute center of thought on every subject. But consider the position of the country practitioner; what circuits he makes in his daily rounds; how many more people he sees than any one else in his neighborhood; and what an oracle he is. Do not imagine for an instant that his opinion is sought upon physic alone. From the choice of a school-marm to the site of a railway he can hold his own against any Solon in county lines. And may not this doctor have a wife? The idea is too mighty to be developed in these few pages.

Lay these matters to your hearts, those of you who would not despise by fair means to increase the revenues whereby our cause is pushed, and farewell.

THE EXTRACT OF MALT.

In these days, when physiological therapeutics are so much in vogue, the extract of malt ought to receive general attention from the profession. There are few remedies which, to a greater extent, offer *à pri-*

ori grounds for their use. Malt sugar, dextrose, diastase, phosphates, etc., form its constituents, the importance of which to the digestive process need not be discussed. The clinical evidence, too, which has sanctioned the physiological claims of the malt extract is abundant. Authorities abroad (it is official in Germany) and at home emphatically recommend its remedial qualities. There is reason to believe that in the South and West the extract of malt has not been used to the extent its merits call for. In this locality, until within a year or so past, it was almost a curiosity in therapeutics. It has grown so rapidly in favor, however, that there are few practitioners in this vicinity who do not constantly prescribe it, and the verbal testimony as to the results obtained from it is abundant and decided.

Our object in writing this present note is not only to call attention anew to the use of the malt, but to ask for written reports. The range of its application is so extensive that abundant opportunities present themselves for every one to determine its value.

In a paper published in a February number of this journal by Douglas Morton, M.D., the writer showed the extremely beneficial effects which had accrued from the use of the Trommer Extract in several cases of tubercular consumption. Comparing the malt with cod-liver oil as a nutritive, he thought perhaps it was inferior to that agent, but it compensated for this by being applicable in a far greater number of cases. This is in fact its great strength. It is not unpleasant to the palate, and is easily retained by the most delicate stomach. It is indicated in all diseases accompanied or caused by impaired nutrition, simple or tuberculous, acute or chronic. In the convalescence of fevers, pneumonia, bronchitis, etc., the wasting diseases of children, joint affections, the emaciation accompanying uterine disorders, certain forms of dyspepsia, neuralgia, in fact in cases where we would expect *food medicines* to be beneficial, the malt extract alone, or at times combined with iron, the hypophosphites, etc., will give most pleasing results.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES.

A meeting of the Provisional Association of American Colleges will be held at the Palmer House, Chicago, on Saturday, June 2, 1877, at ten o'clock A. M. All colleges represented at the meeting of the association held June, 1876, are invited to send delegates to the ensuing meeting, and all chartered medical colleges in the United States recognized as "regular" by the colleges already represented in this association, are also invited to send delegates from their Faculties to the said meeting.

J. B. BIDDLE, M. D., *Pres.*

THE ninety-fourth annual catalogue of the Medical School (Boston) of Harvard University shows a healthy condition of affairs in that institution. There are present 230 students, including 9 in the graduates' course, 56 third-year men, 51 second-year men, and 114 first-year men. Ninety-four of this number we note have literary degrees. A preliminary examination, unless the applicant has a degree, is requisite for admission to this school; and the work extends over three years, two terms being held each year, with graded studies. We earnestly advise young men, and practitioners having students in charge, who are interested in a higher standard of medical education than that which generally prevails throughout the country, to send for the catalogue of Harvard, and consider the plan therein set forth.

At the seventh annual meeting of the Arkansas Medical Association, held at Hot Springs on the 24th and 25th of April, resolutions were passed condemning the schools having two graduating courses in one year, and the acceptance of "beneficiary scholarships."

THE Virginia Monthly says the West Virginia Medical Student will appear again.

Original.

MURIATED TINCTURE OF IRON AS AN ANTISEPTIC IN ERYSIPELAS.

BY R. M. ALEXANDER, M. D.

The careful study and analysis, by competent clinical observers, of the tendency of many diseases to their natural solutions, has wrought wonderful changes in the minds of the profession with reference to their fatality, none more notable perhaps than erysipelas. This obtains more particularly, however, with city than rural practitioners. The cause of the difference I conceive to be this, the former have a much larger percentage of traumatic, the latter of idiopathic cases. The dread that still attaches itself to the idiopathic variety by the rural practitioners I regard as well founded. In the absence of statistical data, but from considerable individual experience and information, I believe the severer forms of the disease are met with in the country. But few country physicians of extended practice, I dare say, but could cite fatal cases, if not *per se*, the disease was the maximum factor in exciting fatal complications. This, however, is digressing from my caption. Having noticed some suggestions recently in some of the journals relative to the treatment of the disease by the muriated tincture of iron, which is now brought forward as a specific, I believe, by some, I desire to add my testimony as to its efficacy, as recommended, and my experience as to its seeming good effects, locally, in the milder varieties, with a synopsis of a few typical cases of each, giving prominent symptoms only.

CASE I.—Farmer, aged thirty-five years; full habit; addicted to drinking, and could not refrain from an occasional debauch; while recovering from one noticed a small abrasion on the anterior aspect of the forearm. On visiting him several days subsequently found the limb greatly swollen from fingers to shoulder, with radiating lines over back, breast, neck, and beneath axilla, of a dusky scarlet hue, boggy, with evident indications

of pus beneath, low grade of fever, slight delirium. The treatment to date had consisted of cooling lotions, tincture of iodine, poultices, purging, and opiate anodynes. I made six incisions; subsequently seven more. Amount of pus discharged seemed incredible. Ordered quinine, iron, carbonate ammonia, cordials, generous diet. This was a typical case of phlegmonous erysipelas; tedious, but entire recovery. The man's system was evidently fatally charged with septic matter, and in my judgment would have returned a very different verdict had it not have been for the antimorbific influence and blood-making power of the remedies, notably the iron.

CASE II.—A luxurious farmer, fifty years of age, whose wife was a connoisseur of the culinary art, he a resultant epicure, while winnowing grain was pricked with "a thorn that sentinel the thistle," on the ball of the thumb, radiating from thence it ultimated in a case of cellulo-cutaneous erysipelas. Covering the circumference of the limb, extending to the elbow, presenting the usual concomitant symptoms of the disease. This was an exceedingly intractable case. His system was thoroughly saturated with septic material; the color of the skin, sweat, odor, feeble pulse, distressing fatigue, all betokened an apprehensive toxæmia, which was rapidly tending, and would have surely culminated in lethal complications, but was made to render happy results by the timely and persistent administration internally and externally of the muriated tincture of iron.

There was deposition of fibrinous matter in the parts involved, which left partial immobility in the acts of pronation and supination, and slight ankylosis of the wrist-joint. The additional therapy I regarded as of little avail.

CASE III.—A merchant, aged sixty-three; robust, fond of creature comforts (so-called). Being well stocked with Western malaria, took a trip to the International Exposition, indulged immoderately in the many luxuries attainable on the tour, and returned with a case of cellulo-cutaneous erysipelas of the

nose, with malarial complications. The radiating point in the case was a fenestra in the nasal septum, the result of chronic catarrh. The face and bones were involved; symptoms usual, and well defined. Ordered crab-orchard purge, paint parts with tincture of iron every six hours. R. Quinia sulph., gr. xl.; muriated tincture of iron, ʒ ij; tinct. ginger, ʒ j; syrup tolu, ʒ iv; M. Dessertspoonful every three hours. There was characteristic "wrinkling." No pain, and less fever in twelve hours, and a good recovery very soon.

CASE IV.—A merchant, aged forty-seven years; robust; dermoid erysipelas; origin, pimple back of hand. This case covered a greater area of territory than any I ever witnessed, extending from hand to shoulder, covering neck, both shoulders, and the circumference of chest to ensiform cartilage. This man determined never to die of starvation, and was consequently a capital magazine for a full and rapid display of inflammatory pyrotechnics. The disease spread like an autumnal prairie fire, creating alarming apprehensions from threatened complications, and maintained its position for some time; but a fatal issue was averted, as I conceive, by the iron given, as in Case III. There were adjuvants used, but of no seeming utility. Recovery tedious, but complete.

I have used the tincture of iron in the milder varieties locally, without giving it internally, with good effects.

As regards the *rationale* of the treatment, I do not know, and will not speculate. I want facts, not theories. Soldiers do not care whether bullets enter head, chest, or belly, so they kill.

LOUISVILLE.

POSTORBITAL ABSCESS.—PARALYSIS OF SUPERIOR RECTUS MUSCLE.—DETACHMENT OF VITREOUS BODY.

BY WILLIAM CHEATHAM, M. D.

During my attendance at the eye and ear clinics of New York, which extended over a period of three years, more than two years of which I was House Surgeon of the Man-

hattan Eye and Ear Hospital, I saw no cases similar to those above mentioned

The first occurred in a married lady, who has had stricture of the lacrymal ducts for seven or eight years. Suffering from a leucorrhœa, although exceedingly cleanly, some of the discharge was carried to her eyes, resulting in a purulent ophthalmia R. E., which led to an abscess of lacrymal sac, also a cellulitis of orbit and post-orbital abscess. Same trouble began in L. E., but was aborted.

There was an excessive amount of exophthalmas R. E., with all its attending symptoms, complicated with the purulent ophthalmia. The patient has almost entirely recovered, with as good sight as she ever had. The interesting point in this case is the origin of the post-orbital abscess, the inflammation extending from the lacrymal abscess around globe.

CASE II—Also occurred in a married lady. No specific history. Patient complained of double vision. On examining R. E. I found an inability to raise it above the median line. Ophthalmoscopic examination shows a synechia posterior both eyes, and hypermatropia both eyes; no lesion of fundus.

Under internal medication, counter irritation, and local applications of atrop. sulph., and Calabar bean ext., she returns to-day, April 24th, with synechia of R. E. broken up, power of superior rectus restored, and of course, single binocular vision.

CASE III—Was in a married gentleman about thirty-five years of age. The beginning of the trouble dates back some years. I first saw him March 13th. He complained of loss of sight. On examination I found pupil of L. E. a little larger than that of R. E. V. R. E. = $\frac{28}{8}$; no improvement with glasses. V. L. E. = $\frac{20}{0}$; no improvement with glasses. The ophthalmoscope shows patient to be emmetropic both eyes. Floating bodies in vitreous R. E.; floating bodies in vitreous L. E.; extending over optic disk of L. E. something having the peculiar grayish, silvery reflex of detached retina.

The posterior portion touching disk, that is, emmetropic; the top or anterior portion

hypermetropic, $\frac{1}{2}$, which, by calculation, we find to represent a height of 1.6 min. This can neither be a detached retina or choroid, as it extends over disk hiding it, and the blood-vessels, three or four diameters of disk, above and below. It shows some motion or movements of the eye. Existing with a hyalitis, with above appearances, I can call it nothing but detached vitreous.

LOUISVILLE, KY.

Correspondence.

OPENING OF THE NEW YORK HOSPITAL.

The following, from the New York correspondent of the Louisville Medico-chirurgical Society, was requested to be published by that body:

I was present last evening at the formalities connected with the opening to the public of the New York Hospital, and as the building is here regarded as the most perfect and elaborate one ever built for the purpose, it seems to me that a brief description of it may not be without interest to the gentlemen of the society.

The exercises consisted of an address delivered at Chickering Hall by Dr. W. H. Van Buren, in which he gave a succinct account of the Hospital Society from its chartering by George the Third, in the year 1771, down to the present day. The old building stood on Broadway, near Thomas Street, until 1869, when it was decided to tear it down and lease the ground upon which it stood for a term of years. With the money thus obtained, which was allowed to accumulate for a number of years, an old family mansion on West 16th Street, near Fifth Avenue, was purchased, and upon the back part of its grounds the new hospital building was erected, the mansion itself being retained as an administrative building and library.

The fact that nearly \$1,000,000 has been devoted to the erection of a building with a frontage of 175 feet, and of but moderate depth, conveys some idea of the magnifi-

cence and thoroughness of the structure. The building is fire-proof throughout, the only wood-work about it being the doors and windows, and is not to be insured. It is seven stories high, built of pressed brick with sandstone trimmings, with panels of variously colored stained glass above the windows, and excaustic tiles between them. The steps throughout are of stone, the floors every where of polished tiles. Each ward has twenty beds arranged in two rows, the bedsteads being of iron and the mattresses of elastic wire netting. Over each bed hangs a short cross-bar attached to a crane fastened into the wall by which the patient can raise himself up in bed at will. A bright brass gas-bracket is let into the wall at the head of the bed, and from it projects a cord having a wooden knob at its end, by pressing upon which the patient will be enabled to ring an electric bell in the nurse's room.

In the construction of the building care was taken to avoid corners and angles as much as possible. There are no cornices to doors or windows, and ceiling and wall welt into each other by a gentle curve, so that no angles or corners are left for the accumulation of dirt.

Ventilation is secured by an immense steam-driven fan in the basement, and a corresponding one in the highest part of the roof. A flue opens in the floor under every bed, and the walls are hollow, with registers behind the heads of the beds for the admission of warm air and also near the ceiling for its removal. Each ward has its own dining-room, water-closets, bath-rooms of various descriptions, and nurse's room. There are numerous rooms for private patients on every floor fitted up in a similar manner to the wards, the only objection to them being their small size.

There being no grounds around the hospital in which the patients could take exercise, a large room, 120 x 60 feet, has been fitted up on the top floor with comfortable easy-chairs and lounges and abundantly supplied with rare plants and aquaria for this purpose. The roof is principally of glass,

which will afford the medical staff abundant facilities for trying the effect of blue glass which is now so much bepraised by the laity.

The kitchen and laundry, fitted up in the most approved style of the art, are situated on the top floor, so that all bad smells from this source are absolutely avoided.

Access is readily attained to all parts of the building by means of numerous elevators running up through the main hall, which had to be made, unfortunately, very narrow and contracted owing to the smallness of the grounds. The wards are about 50 feet long by 35 feet in width.

The walls and ceilings are finished with a mixture of lime and sand, which was found to be the worst absorbent of many substances experimented with. They are left rough, and present a hard, glistening appearance.

The wood-work is composed of maple, the hardest which could be obtained, varnished. Every bed has a chair, the bottom of which is of perforated wood, with arms.

On the first floor are the reception rooms, dispensary, and children's ward, as well as apothecary's room. In the basement the dead-house, and various waiting rooms.

The operating theater is the brightest, most cheerful, and handsomest room of the kind I have ever seen. The seats for spectators are of maple, with silverplated divisions between them, and on either side of the arena are the cases for instruments completely filled with every thing known to the surgical art. The space under the students' seats is reserved for bandages, splints, etc., contained in locked closets.

The hospital is expected to be self-supporting, \$1 per day being the charge for beds in the wards, although no urgent case will be refused.

The staff of the hospital is composed of some of the old members, with various younger men, generally not connected with any medical school. The clinics in the theater are to be open to all students and practitioners.

Taken as a whole the building presents a

rich, cheerful appearance, and is undoubtedly the finest hospital building in the world. Its predecessor, the old New York Hospital, had a wider fame than any other hospital in the country, and the present building, to judge from the completeness of its furnishing and the greatness of its resources, bids fair to prove a worthy successor to it. As the surgeons connected with it intend practicing "antiseptic surgery" with great care, it is probable that the fact that so many wards are imposed one upon the other will not be sufficient to cause any great amount of hospital diseases, erysipelas, pyæmia, etc.

W. T. A.

NEW YORK, March 17, 1877.

IN MEMORIAM.

To the Editors of the Louisville Medical News:

It is with a feeling of deep regret that I perform the sad duty of announcing the death of the distinguished physician and surgeon, Dr. I. J. Roberts, which occurred in the town of San Augustine, Texas, at 2 A.M. on the 6th of February, 1877.

On the 2d of February, while in consultation with me at the bedside of a case of puerperal eclampsia, he was suddenly attacked with symptoms of hemorrhagic apoplexy, which ended in his death a few days later. A few moments before the attack he appeared to be unusually cheerful and in the full enjoyment of vigorous health. After making the necessary examination we sat down and for some minutes engaged in conversation relative to the case. He soon became silent, and my attention was attracted by his peculiar attitude and nervous agitation. I spoke to him, and, receiving no reply, again addressed him; he then turned his face toward me and said, "I believe I am paralyzed," and reeled in the chair, and would have fallen to the floor but for assistance. He was soon afterward laid upon a lounge, when emesis took place, and he became comatose. There was complete paralysis of the right upper and lower extremities and the right side of the face. No

subsequent improvement of his condition occurred, the coma persisting and gradually deepening till he expired.

Dr. Roberts was born in Washington Parish, Louisiana, in the year 1818, and came to Texas in 1839. He served with the Texas troops during the war with Mexico, and though it was at an early period of his medical life, his medical and surgical knowledge was made useful to the company of which he was a member. Soon after the commencement of the late Confederate war he was appointed surgeon to the First Texas Legion, and continued to act in that capacity until the impairment of his health compelled him to resign and return home. A short time before his death he was appointed a member of the board of medical examiners for this judicial district. For more than thirty years he practiced medicine in San Augustine, and by his extensive information and experience acquired a wide reputation, more especially as a skillful surgeon. Surgical cases were sent to him from distant parts of the country, and his thorough knowledge, sound judgment, cool presence of mind and skill as a surgeon made him known throughout the state; and as a general practitioner, with extensive learning in all the departments of medicine, mature experience, and quick perception, he stood pre-eminent in Eastern Texas. He graduated at the University of Louisville in 1853, and subsequently attended medical lectures in New Orleans and in several of the northern cities. He was always of studious habits. His noble and useful life was brought to a sudden close while in the discharge of duties pertaining to that profession of which he was a dignified and most worthy member. While endeavoring by his wise counsel to aid in saving human life his useful career terminated. He fell like a true soldier at the post of duty.

In the profession and in private life he always conducted himself with dignity and discretion. To his patients he was kind, gentle, and sympathizing. He was a man of strict and uncompromising honor and integrity, and warm and firm in his friend-

ships. Both in the profession and out of it he was always ready and willing to accord to merit and true worth all that was justly due them.

To the community in which he had so long resided he was a pillar of strength, honor, and truth. He passed with them through many dark hours of their trials and misfortunes, sympathized with their sorrows, and shared in their happiness and prosperity, and they were bound to him by strong ties of friendship and by feelings of gratitude which no pecuniary reward could ever cancel.

W. W. WALLACE, M. D.

SAN AUGUSTINE, TEXAS.

TENACITY OF LIFE IN THE NEGRO RACE.

To the Editors of the Louisville Medical News:

Phillis Mathias, charged with infanticide, was tried April 4th, 1877, in the court of justice of peace of the precinct in which I am located. She denied having given birth to a child, and there being no evidence to refute her statement, I was called to determine if she had recently borne a child.

On examination found every evidence of guilt. Lochial discharge, os uteri patulous, uterus itself firmly contracted, and mammary glands much enlarged, and irregularly hard. My opinion, of course, was given in the affirmative, after which she made a confession of guilt. Also, she stated that she gave birth to the child at 1 o'clock P. M. the previous day, and that she was plowing at the time.

When labor began she got over the fence, went about two hundred yards in the bush, and there, in less than an hour's time, labor was finished. She then returned to her work, and continued with such regularity as to preclude suspicion on the part of any one till one o'clock P. M. the following day, when the child was found, and the arrest made, she having been known to be pregnant. Now this woman was not absent from her work any longer than she could possibly rid herself of the child and its appendages. She went on to recovery without any kind

treatment, or without taking her bed one moment, and without an untoward symptom.

And for the child's part, when it was found there was a string around its neck, which was entirely concealed by the surrounding swollen tissue. It had spent twenty-five hours in the woods, and enjoyed a pleasant April shower of three hours' duration. But life, tenacious as a leech, despite all these attempts at dissolution, was still clinging to the little sufferer with sufficient force to enable it to make a faint and sad groan, by which its discovery was made. It was aroused, and lived several days, when it was seized with tetanic convulsions, and died very quickly.

I put this before the readers of the News because it displays so fully the recuperative powers of nature, notwithstanding the great changes wrought by civilization.

OMEGA, TEXAS.

J. G. DANIELS, M. D.

Reviews.

New Preparations. A Quarterly Journal of Medicine, devoted to the introduction of new Therapeutical Agents. Edited by GEO. S. DAVIS and C. HENRI LEONARD, M. A., M. D. Detroit, Mich.

This journal made its appearance in January. It is devoted, as its name implies, to the consideration of new preparations. The articles in the present number are upon Corn Ergot, Kava-kava, Xanthium Spinosum, Yerba Santa, Grindelia Robusta, Bladder Wrack, Eucalyptus, Damiana, and Jaborandi. They are carefully prepared, and contain opinions as to therapeutic value, etc., drawn from various sources. Dr. Leonard is well known as the author of several useful manuals. The journal is apparently published in connection with the enterprising and well-known house of Parke, Davis & Co., and can be obtained by application to the editors.

"THROATS CUT" is the comprehensive title given to the account of a row by an Elizabethtown paper.

Miscellany.

HAIR ON THE FEMALE FACE.—Dr. Shingleton Smith suggests that nothing short of removal of the skin containing the roots of the hairs can have the desired effect. While the roots remain the hairs will continue to grow, and their growth will be only stimulated by applications called "depilatory," which simply remove the portion of hair projecting above the surface of the skin. If acetic acid or liquor potassæ applied to the cut extremities of the hairs could be made to permeate the hair-tissues to the bottom of the follicle, it might be possible to interfere with the nutritive processes going on at the hair-pappilla. If any one have been able to accomplish this, doubtless many of his medical brethren will be interested to learn the details of the process.—*British Medical Journal*.

AN enterprising poet in our midst, thinking it unjust that the society magazines should monopolize the muse, offers the following as fully equal in sentiment and sense to the majority of verse appearing in such pages, to say nothing of the vast anatomical lore it contains:

Par Vagum sits at his cottage-door,
Beneath the Larynx-tree,
And watches the Biceps on the shore
Sport with the Diplœe.

The Umbilicus shows its blossoms red
To the sweet Patella vine,
Which modestly droops its tender head
At the gaze of the Santonine.

The Astragalus rears its purple bloom,
And white Trochanter flowers
Fill all the air with sweet perfume
Amid the tropic bowers.

No joy they bring to Par Vagum's heart,
As 'neath the Larynx-tree
He brokenly leads a life so apart
From his love far o'er the sea.

Sadly he thinks of the days now gone,
Sweet and filled with bliss,
When the crowning joy of his life was won,
Angina Pectoris.

Oh, young love's dream was short and sweet,
For Buccinator came,
And, kneeling at the false one's feet,
Asked her to bear his name.

But she, as false as fair, was won—
Oh, cruel, cruel sin!—
By Buccinator's treacherous sire,
The artful Bili verdin.

Par Vagum fled his native shore
To the far-off tropic sea,
And by the Antrum of Highmore
His lonely home will be.

There, where no news of her may come,
In his cot beside the sea,
He plays the light Duodenum
Beneath the Larynx-tree.

Sad is his fate in that lonely cot;
But death his pain will ease,
And from his grave in that lonely spot
Will spring Ascarides.

And pilgrims of love with tears will lave
His tomb 'neath the Larynx-tree,
Writing this epitaph over his grave,
"Noli me tangere." VESALIUS, JR.

Selections.

THE CAUSE AND PREVENTION OF REPEATED ABORTION.

Dr. Thomas Waddel, in the Toledo Medical and Surgical Monthly for March, concludes his report upon the above-mentioned subject. We extract the following:

We would now direct special attention to conditions which probably take precedence of all others as a predisposing cause of repeated abortion. We refer to imperfect involution and its sequelæ.

There is good reason to believe that a large proportion of these cases of habitual abortion have their origin as follows: A healthy woman becomes pregnant soon after marriage, and, not wishing to forego the pleasures of society, induces an abortion, from which she *apparently* recovers, and resumes in a few days the erect posture and duties of life; but unfortunately for her no lactation follows her parturition to stimulate the uterus to tonic contraction. For the same reason ovulation is not kept in abeyance, and the physiological engorgement attendant upon menstruation obtains in a uterus which has not perfected its involution, and arrests this important process.

Even under these embarrassments, if the patient has a good constitution, the uterus may in time accom-

plish perfect involution; but, as is too often the case, conception obtains and lays the foundation for greater trouble.

We have referred to the fact that the menstrual nixus, even in the normal state, creates a strong predisposition to abortion, by sending a tidal wave of blood to the sexual organs, predisposing to engorgements, extravasations, or uterine contractions. That these results do not ordinarily obtain may be attributed to the fact that these causes operate on organs in a physiological condition. But how differently are the conditions under which they now operate! The uterus much above its normal size, its muscular tissue interspersed with fat, the remains of the physiological metamorphosis which pregnancy has arrested. The blood-vessels partaking of the general atony are surcharged with blood, thus directly predisposing to hemorrhages and apoplexies of the ovum or placenta. But should to all of these conditions be added the influence of menstrual engorgement, sexual intercourse, over-exertion, or other exciting cause, abortion will most probably ensue, as the history of such cases has frequently attested.

This state of things—viz. subinvolution, conception, and abortion—may go on repeating itself for years if not arrested by treatment addressed to the cause. But the repeated abortions will in time become the cause of more serious conditions, which will render the recurrence of the abortion if possible more certain. The injuries inflicted upon the uterus by each succeeding abortion still more tends to retard the succeeding involution, and more surely establishes a condition of chronic engorgement with its subsequent structural changes.

Dr. Ashford says* that thirty-six per cent of the cases of chronic metritis presenting themselves at the dispensary were directly due to abortion; but this, he thinks, does not, for various reasons, show the true influence of this cause in private practice. He then makes the astonishing announcement that the combined ratio of private and dispensary practice will show sixty per cent of the cases of chronic metritis directly due to this cause. These facts are very suggestive as going to show the great danger of this condition establishing itself where the patient has aborted, and the necessity of keeping in mind the possibility of its existence in whole or in part in any case of repeated abortion.

Before concluding this review of the causes of repeated abortion we desire to direct attention to two points in this connection:

The first is the fact that these causes rarely act singly in bringing about the abortion.

The second is that the abortion may not be the result of a cause acting coincident with its occurrence, but of causes acting some time previously.

*Columbia Hospital Reports.

General Considerations upon the Prevention of Abortion.—From the foregoing review it must be evident that the proper direction of means for the prevention of abortions should be based upon a knowledge of the cause, and the cause can only be safely sought by exclusive examination.

Is the general health at fault? Do the renal, circulatory, or nervous systems contribute to or cause the abortion? Are the parents free from syphilitic taint? And under this head it is proper to remember that it is the later stages of this disease which is much more frequently the cause of abortion; the fact that both parents are apparently in good health being no guarantee that this cause does not operate.

After fully interrogating the general health, attention will probably be directed to the sexual organs. Is there displacement of the uterus? Is there chronic inflammation of the inside (endometritis) or upon the outside (peritonitis) of the uterus? Is the uterus free and movable, and not bound by adhesions? Is there chronic inflammation of the parenchyma of the uterus (metritis); and last, but not least, has the uterus perfected its involution from the last miscarriage? All these questions should, if possible, receive definite answers.

In view of the fact that even after a careful examination of some cases it will not be possible to arrive at a satisfactory conclusion regarding the cause, it is fortunate that a variety of means coming under the head of general therapeutics are frequently successful in preventing the abortion. It is only rational that all causes of pelvic congestion should be obviated. Thus plethora demands dieting and salines; constipation, laxatives; and inasmuch as sexual intercourse directly causes an afflux of blood to the uterus, it must be strictly prohibited. So again, the fact must be constantly remembered that the habit which the system acquires of sending an afflux of blood to the uterus coincident with menstruation is still retained, though in a less degree, during the earlier months of pregnancy. That period must be carefully guarded by the most rigid observance of all the precautions just enumerated, and in addition the constant occupation of the recumbent posture.

Remedies against Uterine Contraction.—

Syphilis of course requires antisyphilitic treatment; the most common prescription being the bichloride of mercury, with iodide of potassium, or less frequently iodide of potassium alone.

The importance assumed by uterine contraction as an immediate as well as predisposing cause of abortion naturally gives rise to the question of remedies for its arrest or prevention. Opium in some form we believe will most generally arrest uterine action, provided the integrity of the ovum is not yet damaged. In cases where uterine action was previously the cause of abortion, no disease of the ovum or

membranes existing, it would be proper to keep the patient under the influence of this remedy for days, in anticipation of the recurrence of pains; all sources of irritation, such as menstrual molimen, etc., would then be rendered harmless.

In many cases, where uterine contractions are accompanied by nervous irritability, chloral hydrate would be a valuable addition. Mons. Besnier, Bourdon, and Martineau have reported the most happy results of this combination, the chloral being given by enema in doses of two grammes. But unfortunately many cases may not be seen until after agonizing and powerful uterine contractions have already obtained. In such cases, should we wait for the effect of the opium as ordinarily administered, the effort to arrest the abortion will be futile. In many such cases we have an efficient remedy in the hypodermic syringe, by which we can safely and rapidly control the (to the ovum) dangerous uterine action. Dr. Isham has reported* three cases illustrating the signal value of this means of giving morphia in abortion. One-fourth-grain doses given every twenty minutes promptly arrested uterine action, and prevented what threatened to be a repetition of former abortions.

If the cause of the abortion is found to be some abnormality of the uterus or its surroundings, the treatment for prevention should be directed to removing as far as possible the abnormal state before pregnancy again obtains. Should a displacement be found to exist, the uterus should be returned to its normal site, and retained there by a proper-fitting pessary.

Treatment of Cases arising from Subinvolution, etc.—If the abortion be found to depend on subinvolution of the uterus, the energies of the practitioner should be directed to securing perfect involution before conception again takes place. The first object can be promoted by quinia, ergot, etc., for months, together with the healing of any lesion of the cervix which may stand in a causative relation to this condition. The second (prevention of conception) can only be assured by complete conjugal separation. Leishman insists on the parties remaining separate for a year in obstinate cases of habitual abortion. The same rule of treatment will apply to cases of endometritis or metritis of the body or cervix. But should pregnancy obtain in a uterus known to be displaced, bound down by adhesions, or in a condition of subinvolution, the treatment must then be directed to modifying the influence which such states have upon the process of gestation. In the case of version or flexion, however, it is generally proper and possible to remove the abnormal state at once.

When the displacement is posterior with the patient in Sims's position, the hand alone will generally

* American Journal of Medical Sciences, January, 1873.

succeed in replacing the uterus; or the method quite recently pointed out by Solger, of Berlin, and Campbell, of Augusta, Ga., may be made use of. It consists in placing the patient in the knee-elbow position and opening the vulva; the atmospheric pressure, together with the gravitation of the abdominal viscera, replaces the uterus. This method may be rendered still more efficacious by adopting the modification discovered by Dr. Paul F. Munde, which consists in suddenly elevating the perineum with a Sims speculum. But should all these fail, the colpeurynter should be passed into the vagina and inflated, and allowed to remain, with the patient fully under the influence of opium. This proceeding is generally successful in restoring the uterus in from twenty-four to thirty-six hours.

If the reposition be accomplished early in pregnancy, a pessary or posture will be necessary to prevent the recurrence of the displacement until after the fifth month. If an anterior displacement exists, the patient is often relieved by lying upon the back, or the anterior cul-de-sac may be packed with a cotton-wool pessary.

Pregnancy complicated by adhesions should be treated by opium faithfully continued during the dangerous period. Remedies for the purpose of dissolving the adhesions, as recommended by Boivin, are useless.*

Blood-letting a Preventive of Abortion in certain Conditions.—Subinvolution, chronic metritis or endometritis, being conditions characterized by chronic engorgements or irritability predisposing to an afflux of blood, it follows that treatment directed to this condition is indicated.

Remembering the danger which is imminent of these states of uterine plethora causing hemorrhage between the membranes and the uterus, and also the fact that these dangers are enhanced by the recurrence of the earlier menstrual molimen which succeeded the pregnancy, it would only be rational to relieve the ovum from these threatening dangers by abstraction of blood at that period. We believe clinical experience is rich with examples of the efficacy of general or local blood-letting to this end.

Dr. Fordyce Barker reports† an interesting case of a lady who had five miscarriages in succession previous to coming under his care. About the sixth month she complained, as usual about that period, of a feeling of weight and pain in the pelvis. The sound of the fetal heart, which previously was normal, was becoming feeble. On digital examination nothing abnormal was discovered, except a feeling of tenderness when pressure was made on the posterior uterine wall. Considering this a placentitis, he abstracted from the arm sixteen ounces of blood. Complete relief from the threatenings of miscarriage

followed, and the patient went to term. A marked feature of the case was that the sound of the fetal heart, which before the bleeding was almost inaudible, at once became distinct.

In a paper upon blood-letting in obstetrics, Dr. Barker says: "Uterine and renal congestions, the former seen much oftener in feeble women, almost always make their appearance at the menstrual periods, when the woman will complain of tension, swelling of the abdomen, and of weight in the pelvis. If proper measures be not taken to reduce the congestion of the uterus, there may be a little flow of blood from it, and some danger of abortion." In such cases he strongly advises bleeding followed by chlorate of potash.

Simpson says: "I have usually, in cases in which, from the history of the former pregnancies, I knew the tendency to be, as most frequently it is, to some form of congestion and inflammation of the placenta, attempted to prevent these morbid actions from going to any considerable extent, by small venesections or leechings, from time to time, particularly at those periods when the woman would have had her catamenia present."

The Action of Chlorate of Potash in Increasing Vitality of Fetus.—We mentioned, under the head of cause, the fact that the fetus often perished from disease of the chorion villi or of the placenta. We also mentioned that such disease consisted in a deforming growth of the walls of the villi (syphilis), or changes in the structure of the maternal placenta (placentitis, apoplexies, etc.), preventing perfect endosmosis of exosmosis, as well as hindering free interchange of gases from the fetal to the maternal blood.

Dr. James Y. Simpson proposed alkalies, and particularly chlorate of potash, as a remedy for this condition, its exhibition being based on the fact that the addition of an alkali to blood assists its arterialization, and increases its capacity for absorbing oxygen. Chlorate of potash having the preference, because it contains relatively so large a quantity of oxygen, which, by decomposition, is set free in the blood.

Dr. Simpson compares very aptly the condition of the fetus to that of a fish. He says: "The blood of the fish is sent into the vessels of the gills in order to undergo the respiratory change which is there effected through the oxygen contained in the surrounding water. The blood of the fetus is sent into the interterminal branches of the fetal placenta, in order to be there exposed to the oxygen contained in the maternal blood, by which these tufts are washed in the cavernous structure of the placenta. We can influence the vitality of the fish by the quality of the water applied to the gills; I believe we may do the same with the fetus, by changing the oxygenating power of the maternal blood applied to the tufts."

*Duncan.

† Medical Record, March, 1873.

Since the use of this remedy was introduced by Simpson it has received extensive trials as an anti-abortive by the profession every where; and if we may judge by the reported successes, its value as such has been repeatedly demonstrated. The fact that this remedy can influence, beneficially, the vitality of the fetus, is open to positive demonstration by means of fetal auscultation. Several cases have been reported in which its administration in twenty-grain doses caused the pulsation of the fetal heart, which before was almost inaudible, to become strong and vigorous. The withdrawal of the remedy being followed by feeble pulsation, and its readministration by strong pulsations, proving conclusively that the connection existing between the sounds of the heart and its administration, were the direct result of effect and cause. In cases of syphilis, endometritis-decidua, fatty degeneration, or extravasation—in short, when from any cause the functions of the placenta are interfered with, this remedy is indicated.

Assafetida and Ergot as Uterine Tonics.—Assafetida has been highly recommended by Tanner and others in cases where nervous irritability is prominent. Sydenham regards it as a direct uterine tonic.

Ergot has somewhat recently been put forward as a valuable remedy for the prevention of miscarriage, and considerable evidence of its value as such is on record. Meadows says: He has seen decidedly good results from its use. He usually directs 10 m. of the extract to be taken every four to eight hours, for two to three weeks, in cases of threatened abortion. Its mode of action is generally considered to be that of a uterine tonic. But we would suggest that a more rational idea of its operation could be gained by remembering that its action on the uterus is probably identical at all times, viz: Shortening the muscular fibres of the parenchyma, and those of its blood-vessels, thereby lessening the quantity of blood in its tissue. Hence it would be indicated in subinvolution after as well as before conception; by lessening the abnormal quantity of blood in the uterus it would prevent apoplexies of the ovum and placenta, with other attendant conditions.

Exercise in Phthisical Patients.—Dr. Bartholow, in Hays's Journal, in an article on the treatment of phthisis pulmonalis, lays down the following rules:

Active exercise is hurtful in phthisis when there is present any considerable fever. Quiet of mind and repose of body, as far as they can be secured, are essential to the curative treatment of this disease.

In chronic cases, with limited lesion, and consequently slight fever, moderate exercise may be ser-

viceable, in so far as it improves the appetite and the digestion.

If exercise is considered desirable in phthisis, it should never be violent or protracted, and it should be taken, as far as practicable, when the body is fever-free.

The regulations on this subject which I enjoin on my patients are as follows: The amount and kind of exercise must depend on two factors, the range of temperature and the condition of the digestive organs. If there be considerable elevation of the body-heat, if digestion be feeble, especially if diarrhea exist, no exercise should be taken, except, it may be, the most moderate walking about the house or room. If the fever be slight and the digestion good, moderate walking may be permitted, and the proper time for this exercise is about three hours after meals, when the peptones are about to enter the blood, oxygen being then needed to perfect the changes. All phthisical patients should sit in the sunshine and breathe the out-door air a considerable part of each day, properly clad in cold weather.

Atropia in the Treatment of Phthisis.—In a notable paper read a few months ago before the Harveian Society of London, on Anhidrotics, by Dr. Milner Fothergill, the remarkable results obtained by this acute physician from the use of atropia in the sweating of phthisis, are admirably set forth, and to Dr. Ringer is ascribed the merit of having first announced the important fact. It is always an ungracious task to set up a claim for priority of discovery; but in this instance the investigations which I have pursued are connected in a series of events demonstrating that my attention has been given to this subject continuously for ten years. In my essay on atropia, which received the prize of the American Medical Association at its annual session in May, 1869, I have stated in unmistakable terms the utility of atropia in arresting the sweats of phthisis.* I transcribe the passage referring to this subject:

"Atropia in Diseases of the Respiratory Organs, involving Structural Alterations.—The various forms of cough accompanied by free expectoration are much benefited by atropia. A dry state of the bronchial mucous membrane and irritative cough dependent thereon, are unsuitable for the action of atropia. I have observed remarkably beneficial results from the combined use of morphia and atropia in cases of phthisis, accompanied by violent cough, profuse expectoration, and hectic. The cough and expectoration, the hectic, and the exhausting sweats especially, are much relieved by it [atropia]."*"—Ibid.*

*Trans. Amer. Med. Association, vol. xx, 1869, page 675.